

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/58/872

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		1					54						
5	1						55						
6		1					56						
7	1						57						
8	1						58						
9	1						59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		2					67						
18	1						68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		2					90						
41	1						91						
42	1						92						
43		2					93						
44		2					94						
45		1					95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	68	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	82						TOTAL CLAIMS						